

Foster Family Home - Corrective Action Report

Provider ID: 1-562597

Home Name: Regina Dela Vega, CNA

Review ID: 1-562597-5

1018 A Kalihi Street

Reviewer:

Honolulu HI 96819

Begin Date: 6/15/2016

End Date: 6/15/16

Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person recertification review [REDACTED]
Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.